Combined Declaration For Patent Application and Power of Attorney								ATTORNEY DOCKET 86635F-P					
As below named inventor, I hereby declare that: My residence, post office address and citizenship are as stated below next to my name, I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:													
A SYSTEM AND METHOD FOR MANAGING WORK LOAD DISTRIBUTION AMONG A PLURALITY OF IMAGE OUTPUT DEVICES													
The specification of which (check only one item below):													
X is attached hereto.													
was filed as United States Application Serial No. on and was amended on (if applicable).													
was filed as PCT international application Number on and was amended on (if applicable).													
I hereby state that I have reviewed	I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment												
referred to above.					_								
I acknowledge the duty to disclose to the U.S. Patent & Trademark Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.													
I hereby claim foreign priority be	•	35, United State	es Code,	§119 (a)-*d) or 365 (b) o	of any foreign	applicat	ion(s) for pa	tent or in	ventor's				
certificate, or (365 (a) of any PCT	• •	• • •	_	•									
and have also identified below ar one country other than the United													
priority is claimed:													
PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:													
COUNTRY (# PCT, indicate PCT)	AF	PLICATION NUMBER		DATE OF FILING (month/dayyear)			PRIORITY CLAIMED U	NDER 35 USC	119 NO				
	<u> </u>						YES		NO				
							YES		NO				
	<u> </u>	¥.							·				
I hereby claim the benefit under T	itle 35, United Sta	ates Code, 119 §	(e) of an	y United States provision	al application	(s) listed	below:						
PRIOR PROVISIONAL APPLI	CATION(S) ANI	ANY PRIORI	TY CLA	IMS UNDER 35 U.S.C.	§119 (e):								
PROVISIONAL AF	PUCATION NUMBER		γ		FILING DATE (mo	nth/day/year)							
I hereby claim the benefit under Title 35, United States Code, §120 of any prior United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior applications(s) in the manner provided by the first paragraph of Title 35, §112, I acknowledge the duty to disclose to the U.S. Patent & Trademark Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations §1.56, which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:													
PRIOR US APPLICATIONS O 35USC§120:	R PCT INTERN	ATIONAL APP	LICATIO	ONS DESIGNATING T	HE U.S FOR	BENEF	T UNDER						
	CATIONS			STATUS (Check one)									
U.S. APPLICATION NUM	BER		U.S. FIL	ING DATE	PATENTI	ED	PENDING	ABA	NDONED				
PCT APPLICATIONS DESIGNATING THE U.S.													
PCT APPLICATION NO. PCT FILE		NG DATE U.S. SERIAL NUMBERS ASSIGNED (if any)											

С	C mbined Declaration For Patent Application and Power of Attorney (Continued) ATTORNEY DOCKET 86635F-P										
POWER OF ATTORNEY: As a named inventor, I hereby appoint the attorney(s) and/or											
agent(s) associated with Eastman Kodak Company <u>Customer No. 01333</u> to prosecute											
this application and transact all business in the Patent and Trademark Office connected											
therewith.											
•											
Se	nd Correspo	ondence to:				Direct Telephone Calls to:					
		Patent I	Legal Sta	aff .		(name and telephone number)					
		Eastmai		Frank Pincelli							
343 State Street						585-588-2768					
		Rochest	er, NY	14650-2201		FAX: 585-477-4646					
2	FULL NAME OF FAMILY NAME			FIRST GIVEN NAME		SECOND GIVEN NAME					
[]	INVENTOR	Foygel		Dan STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP						
0	RESIDENCE & CITIZENSHIP	OTT		STATE ON TOALIGN GOOM							
1	BUSINESS ADDRESS	BUSINESS ADDRESS Ofoto, Incorporated		CITY	STATE & ZIP CODE (COUNTRY)						
		5900 Hollis Street Suite	s	,							
		Emeryville, California 94									
		USA		FIRST CIVEN NAME		SECOND CIVEN NAME					
2	FULL NAME OF INVENTOR	FAMILY NAME		FIRST GIVEN NAME		SECOND GIVEN NAME					
٥	RESIDENCE & CITIZENSHIP	CITY		STATE OR FOREIGN COUNTRY		COUNTRY OF CITIZENSHIP					
2	BUSINESS ADDRESS	BUSINESS ADDRESS		CITY		STATE & ZIP CODE (COUNTRY)					
2	FULL NAME OF INVENTOR	FAMILY NAME		FIRST GIVEN NAME		SECOND GIVEN NAME					
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4	BUSINESS ADDRESS	BUSINESS ADDRESS		CITY		STATE & ZIP CODE (COUNTRY)					
2	FULL NAME OF INVENTOR	FAMILY NAME		FIRST GIVEN NAME		SECOND GIVEN NAME					
o	RESIDENCE & CITIZENSHIP	CITY		STATE OR FOREIGN COUNTRY		COUNTRY OF CITIZENSHIP					
5	BUSINESS ADDRESS	BUSINESS ADDRESS		CITY		STATE & ZIP CODE (COUNTRY)					
2	FULL NAME OF INVENTOR	FAMILY NAME		FIRST GIVEN NAME		SECOND GIVEN NAME					
٥	RESIDENCE & CITIZENSHIP	CITY		STATE OR FOREIGN COUNTRY		COUNTRY OF CITIZENSHIP					
6	BUSINESS ADDRESS	BUSINESS ADDRESS		CITY	STATE & ZIP CODE (COUNTRY)						
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.											
SIGNATURE OF INVENTOR 201		SIGNATURE OF INVENTOR 202		SIGN	SIGNATURE OF INVENTOR 203						
DATE		DATE		DATE	DATE						
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